MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2	1		1			
3	1		1			
4		1		1		
5		2		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		1		1		
12		0		1		
13		0		1		
14		1		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19	1		1			
20	1		1			
21		1		1		
22		2		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0		1		
29		0				
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34		0		11		
35		0		1		
36	1		1			
37	1		1			
38	1		1			
39		1		11		
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8		8			
TOTAL DEP.	33		31			
TOTAL CLAIMS	41		39			

CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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58						
59						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						